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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application or Doctor Number		
CLAIMS AS FILED - PART I (Column 2)						olumn 2)		SMALL	ENTITY	OR	OTHER THAN SMALL ENTITY	
FOR			ИСМВІ	ER FILED	NUMB	NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))								_	5	OR		,770
TOTAL CLAIMS (37 CFR 1.16(c))			9	7 minus 20 =				x \$=		OR	x 5_ =	
INDEPENDENT CLAIMS		MS		กฆ่ามร :	, ,		1	x \$=		OR	x \$ =	
MU	LTIPLE DEPENDE	NT CL	AIM PRESENT (37 CFR 1.16(d))				1	+5 =		OR	+5 :	
If the difference in column 1 is less than zero, enter "O" in column 2.							j	TOTAL		OR	TOTAL	770.00
CLAIMS AS AMENDED - PART II												
L	4/14/	$\overline{}$	dumn 1)			Column 2) (Calumn 3)		SMALL	NTITY	OR 1		ENTITY
AMENDIVENT A		RE	CLAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž	i viai (37 CFR 1,16(c))		13	Militals		:	-	x s=		OR	x's=	
	Independent (37 CFR 1,16(b))	-	1	Minus	ez	*	1	x 5=		OR	x s =	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						1	+5 =		OR	+5 =	
							J	TOTAL ADD'L FEE		. OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)												
ENT B		RE	LAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total (37 CFR 1,16(c))	`		Minus	••	-		x s=		OR	x s=	
AMENDM	Independent (37 CFR 1,15(b))	·		Minus	***	=		x \$=		OR	x s =	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ s =		OR	+ s=	
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Co	dumn Ì)		(Column 2)	(Column 3)						
SMTC		RE	LAIMS MAINING AFTER INDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž	Total (37 CFR 1.16(c))	•		Minus		= '		x s=		OR	x \$=	
AMENDMENT	Independent (37 CFR 1,16(b))	•		Mbnus	***	=		x s=		OR	x \$=	
Ą	FIRST PRESENT	ATION	OF MULTIPLE	DEPEND	NT CLAIM (37 CF	R 1.16(d))		+ s =		OR	+ s =	
TOTAL TOTAL												
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

The "Highest Number Previously Paid For" (Traid or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1,16. The information is required to obtain or retain a benefit by the dubtic which is to file land by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 13 mondes to compete including gathering, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commons on the amount of time you require to complete this form and/or suggestions for neducing this burden, should be sent to the Citiest Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.